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ABSTRACT

The manual presents information on providing services to children with communication disorders in New York state. An initial chapter distinguishes educational handicaps from communication disorders and speech impairments. A section on general education speech and language remediation considers the teacher's role and school-based identification and remediation issues. Screening, referral, and evaluation considerations are then detailed for speech impaired and other handicapped children who require speech pathology services as special education. A section on specific services for students with speech impairments addresses individualized education program concerns, classification of handicapping conditions, related services, and resource and special class programs. Five case study summaries illustrate the range of speech and language difficulties within the public schools. (CL)

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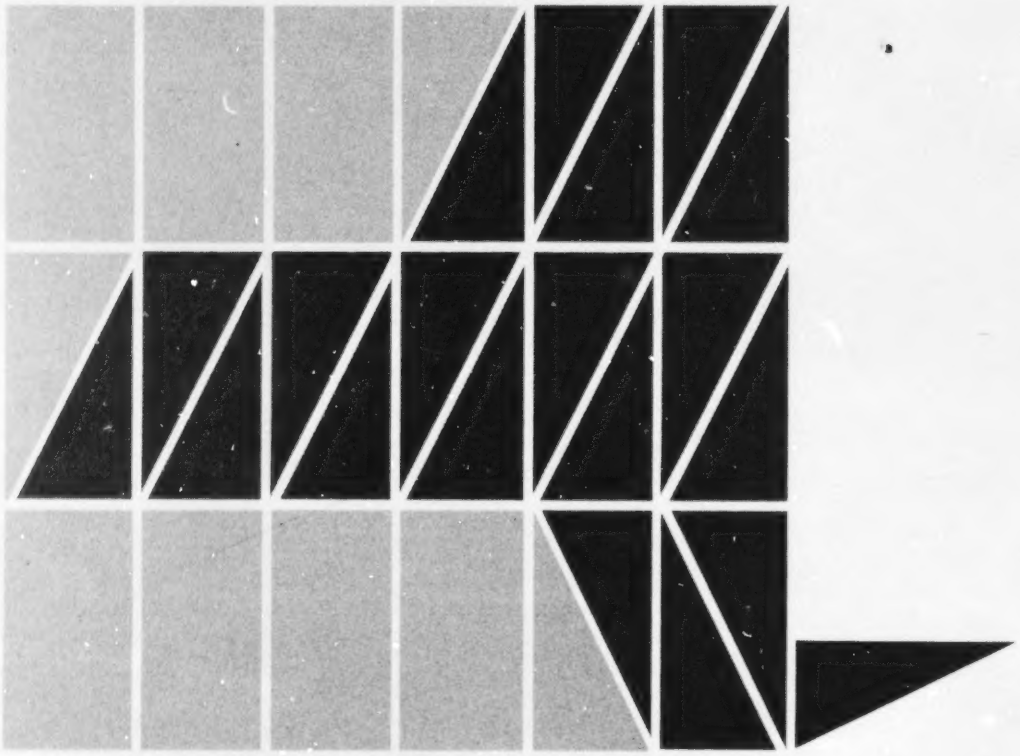

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
OFFICE FOR EDUCATION OF CHILDREN
WITH HANDICAPPING CONDITIONS
ALBANY, NEW YORK 12234

OCTOBER 1983

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INTRODUCTION

Focus of the Manual

This manual discusses information and procedures to be considered by school personnel in providing appropriate general educational programs and services for children with communication disorders, whether or not such children may be educationally handicapped. It also provides direction to school personnel, Committees on the Handicapped and others in determining whether or not a child with a communication disorder is speech impaired or has some other related handicapping condition and providing them appropriate special education speech or language development programs.

The manual is written for school officials, professionals and parents having varying degrees of understanding and awareness of the causes and effects of communication disorders among children in the educational setting. Therefore, the use of many highly technical educational or medical terms associated with theories of speech and language development is avoided. Those interested in more technical reading are invited to consult the references cited in the bibliography found on page 34.

Concept and Terms

The following statements provide the basic definitions and underlying concepts upon which this document has been developed.

A speech-impaired child is one who has been identified as educationally handicapped by a Committee on the Handicapped because of a communication disorder, such as stuttering, impaired articulation, a language impairment or a voice impairment, which adversely affects the child's educational performance.

- An educationally handicapped child is a child whose educational performance is adversely affected by (a) a visual, hearing or motor handicap, (b) mental retardation, (c) emotional disturbance, (d) autism or (e) a learning disability.

- A child with a communication disorder has a disorder in one or more of the processes of speech, hearing or language which interferes with his or her ability to speak, understand or use language. Such disorders may be developmental or acquired, may range from mild to severe and may or may not be associated with a handicapping condition.

- A child's educational performance is determined by an assessment of the child's current levels of academic or educational achievement, learning rate, social development, physical development, and the management needs of the child in the learning situation.

- There are two categories of children with communication disorders who may benefit from speech and language programs and services:

  - o Nonhandicapped children whose educational performance is found to be not adversely affected by a communication disorder but who could benefit from some form of speech or language improvement as part of their regular education program.

  - o Speech-impaired or otherwise handicapped children whose educational performance is found to be adversely affected by a communication disorder and require speech or language programs and services to be included in a specially designed individualized education program.

- Speech pathology is a speech/language program or service for the purpose of preventing, correcting or remediating communication disorders. It typically includes testing and evaluation, consultation, counseling and instruction related to the development of communication skills and may be provided in conjunction with general education programs or as a special education program for a handicapped child.

- Speech pathology provided for the purpose of general educational speech and language improvement or as a special education program or service is to be provided by individuals who are certified teachers of the speech and hearing handicapped.*

*Teachers of the Speech and Hearing Handicapped are exempt from the licensure required to practice in clinical settings, but must obtain New York State certification to provide services in school districts.

GENERAL EDUCATION
SPEECH AND LANGUAGE REMEDIATION

Recognizing Communication Disorders

A child with a communication disorder is a child with a disorder in one or more of the processes of speech, hearing or language which interferes with his or her ability to speak, understand or use language. Such disorders may be developmental or acquired, may range in degree of severity from mild to profound and may or may not be an educationally handicapping condition. They include:

- Speech Disorders - difficulties in using one's voice, articulating sounds or speaking fluently.
  - o Voice Disorders - difficulties in volume, pitch or quality of the voice.
  - o Articulation Disorders - difficulties in producing sounds of speech.
  - o Fluency Disorders - difficulties with the rate or rhythm of speech, such as stuttering, or other forms of struggling evidenced by abnormal breathing patterns or facial movements.
- Language Disorders - difficulty in understanding and/or expressing spoken and/or written language, including difficulty in developing:
  - o Receptive language skills - the ability to receive, understand and process words and sentences.
  - o Expressive language skills - the ability to use vocabulary and formulate sentences in understandable ways.
- Hearing Disorders - a reduced sensitivity to sounds; reduced hearing levels and/or damage to the auditory system which interferes with the child's ability to develop, understand, produce or maintain speech or language usage.
  - o Hard of Hearing - a mild to moderate reduction in the ability to hear which interferes with a person's ability to communicate. Children who are hard of hearing may, with or without amplification, depend upon hearing in the process of oral communication with others.
  - o Deaf - a hearing loss that is so severe that the child, with or without amplification, may not depend upon hearing in the process of communication with others; the child depends almost entirely upon avenues of communication other than hearing.

There are a number of speech and language problems which are not viewed as handicapping conditions:

- Exhibiting uneven developmental signs and speech or language skills that typically fall within the appropriate chronological age range or may correct themselves in a relatively short period of time.

- Using speech patterns or communication skills which do not adversely influence classroom performance in relation to social adjustments, general educational development and/or academic learning.

- Using dialect differences and nonstandard sentence construction which may vary from standard English, where speech is determined to be different from standard constructions and not significantly deviant; e.g., speaking in linguistically nonstandard English, using the double negative construction ("Don't give me no pen.") and others. Dialect differences, while not consistent with the rules of standard English, are often quite acceptable forms of language and are not viewed as a communication disorder.

- Speaking a language other than English.

Speech and Language Development in the Schools

The development of the ability to speak and understand spoken language has long been recognized as an appropriate subject in the public schools. Each classroom teacher, regardless of the grade level or subject being taught, includes the development of appropriate speech and language in the normal course of instruction. The ability to speak and hear spoken language, to express and receive thoughts and ideas, is a prerequisite to the development of the additional communication skills of reading and writing as taught in the regular school setting.

Many pupils exhibit delays in the development of communication skills; some to such an extent that they may be disadvantaged in normal learning situations. Such pupils are said to have a communication disorder. Because of the potential or actual effect that communication disorders have upon a pupil's ability to learn and express information, it is essential that teachers, parents and others be able to recognize communication disorders when they exist, recognize their effects on the pupil's learning and provide appropriate instruction assisting the pupil as part of the general or special education program.

The Role of the Teacher of the Speech and Hearing Handicapped in General Education

The role of the teacher of the speech and hearing handicapped generally entails diagnostic assessment and screening of pupils to detect communication disorders, consulting with the pupil's classroom teachers regarding curriculum and instructional approaches which may benefit the pupil, and providing direct counseling or instruction to the pupil for the purpose of correcting or assisting the pupil to overcome the social or educational effects of the disorder. For most pupils with communication disorders, it is essential that general education programs and services be provided as needed before the disorders adversely affect their

educational performance. The teacher of the speech and hearing handicapped, working with other teachers in the area of speech and language improvement, assists children with communication disorders so as to minimize adverse effects on the learning process.

Identifying and Remediating Communication Disorders

Any one or combination of communication disorders in the area of speech, hearing or language may, depending upon the severity of the disorder, be detected in the course of normal conversation. However, some children may possess disorders which are not immediately obvious but which may severely affect the child's educational performance. It is essential that classroom teachers and others responsible for the education of these children, be aware of their difficulties, adapt instruction to meet their needs and, if necessary, initiate the provision of supplementary programs and services which may be required. Given the provision of supplemental speech pathology, if a child continues to be unable to satisfactorily achieve in the regular learning situation, he or she may be educationally handicapped and should be referred to the district's Committee on the Handicapped for an appropriate evaluation and establishment of an individualized special education program to meet his or her unique instructional needs.

IDENTIFYING SPEECH-IMPAIRED AND OTHER HANDICAPPED CHILDREN REQUIRING SPEECH PATHOLOGY AS SPECIAL EDUCATION

Diagnostic Screening

In 1980, the New York State Legislature and the Board of Regents enacted a law and regulations mandating that all new entrants to the public school system and pupils who score below acceptable levels on certain State achievement tests be screened to identify indicators of giftedness or possible handicapping conditions. Part 117 of the Regulations of the Commissioner of Education requires that each public school district establish a plan for the screening of children which includes a preliminary assessment of the following areas of performance:

- Receptive and expressive language skills,
- Articulation skills,
- Physical development,
- Motor development,
- Cognitive development.

The screening program must include a health examination by a duly licensed physician and other diagnostic approaches by school personnel who are appropriately trained or qualified to assess a pupil's skills and development in each of the areas listed. The results of the diagnostic screening must be reviewed and a written report of each pupil's screening must be prepared by appropriately qualified school district staff. The report must include a description of the diagnostic screening devices used and the pupil's performance on those devices. If the persons completing this report believe that the pupil may have a handicapping condition, the report must include a referral to the Committee on the Handicapped within fifteen calendar days.

Information from the school district's screening program and from classroom teachers observations is a primary source for identifying children with such communication disorders. While many children who are screened may not be referred as children thought to be handicapped, the reports may indicate the existence of communication disorders which can and should be attended to as part of the pupil's general education program.

Referral of Children Thought to be Handicapped

If, as a result of the district's diagnostic screening procedures or for some other reason, a pupil is thought to be educationally handicapped, the pupil should be referred to the district's Committee on the Handicapped (COH).

This Committee, a team of specialists in several areas of education, must evaluate pupils referred as possibly handicapped to determine the full range of the pupil's educational performance and any handicapping condition which may be adversely affecting this performance. It then recommends appropriate special education programs to meet the unique needs of the child.

Individual Evaluation

If a child with a communication disorder is referred as possibly educationally handicapped, the Committee on the Handicapped must, with appropriate notification and consent of the parent, proceed with a complete individual evaluation of the child. The purpose of the evaluation is to:

- Determine the factors contributing to unsatisfactory levels of performance to help identify the child's handicapping condition.
- Determine the curricular and instructional needs of the child to select appropriate annual goals and special education programs.

All pupils referred to the COH, including those thought to be speech-impaired, require a comprehensive evaluation which must include at least the following components:

- An individual psychological evaluation conducted by a school psychologist to obtain information pertaining to the child's educational achievement and potential, learning rate and other factors related to the child's social and emotional development.
- Appropriate educational evaluations and observations conducted by trained and qualified personnel to obtain information pertaining to the child's educational achievement, learning strengths and weaknesses and instructional needs.
- A social history, typically developed by the school social worker, which describes the child's social development and current status and describes factors within the home, school and community which may be contributing to the learning difficulties of the child.

- A health examination by a physician to obtain information regarding the health and vitality, the level of sensory or motor development and other physical needs of the child in the learning situation.

- An observation of the pupil in the current educational setting.

For children thought to have communication disorders, the Committee should give careful attention to:

- Evaluating Receptive Language
  - Vocabulary - semantic or cognitive processing of words
  - Sentences - processing of connected utterances
  - Ability to process information from the environment
- Evaluating Expressive Language
  - Vocabulary
  - Sentence - ability to use syntax, morphological rules and levels of sentence complexity
  - Levels of grammatical usage
  - Use of Verbal Expressive Skills - ability to organize and sequence thoughts into spoken words
- Evaluating Informal Language
  - Appropriateness and amount of information conveyed
  - Ability to stay on subject
  - Ability to switch communication styles appropriately
- Evaluating Intelligibility
  - Articulation
  - Intonation
  - Voice
- Evaluating Fluency
  - Repetition of sounds, syllables, words or sentences
  - Prolongations
  - Interjections
  - Blocking
  - Secondary symptoms
- Auditory Screening or Testing as required
- Oral Peripheral Examinations
  - Structure and functioning of teeth, lips, jaw, tongue, soft palate, hard palate
- Evaluating Personality Factors

Determining the Handicapping Condition of the Child

In order to be eligible for special education programs and services, a pupil must be identified as a handicapped child. In New York State, this entails a determination of the child's specific handicapping condition for both programmatic and administrative reasons. Programmatically, the selection of appropriately trained and qualified personnel must be according to the most common handicapping condition among children who are grouped together for special instruction; administratively, the State and Federal systems for special education funding assistance require an accounting of children by handicapping condition. For these two purposes, the Committee on the Handicapped must determine the specific handicapping condition or combination of conditions which describe the child under consideration.

Not all children with communication disorders are handicapped. The Committee may, in reviewing the evaluation information, determine that a child referred as one thought to be handicapped due to a communication disorder is not handicapped. They may find that the educational performance of the child does not warrant identification as handicapped and that the disorder or its effect upon the child's performance can be appropriately dealt with as part of the general education program. In such cases, the Committee should notify the child's parents of its findings and of its recommendations to the Board of Education. A report of these findings should also be forwarded to the child's school principal so that he or she may consider the provision of appropriate general education programs and services. As with any COH recommendation, the parent may disagree with the Committee and initiate due process procedures to resolve the matter.

The Committee on the Handicapped may find the child with a communication disorder to be educationally handicapped due to any of a number of conditions, depending on its interpretation of the evaluation data. In each case, the Committee must review the information about the child in relation to the information known about the various handicapping conditions and then make a determination which all involved deem to be appropriate.

The term Speech Impaired refers to the handicapping condition which is descriptive of pupils whose educational performance is directly and adversely affected by a speech or language disorder.

- Speech impaired - a pupil with a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects his or her educational performance.

In addition, the following handicapping conditions are often accompanied by speech and language disorders and may be compounded by such disorders to the extent that speech pathology is required.

- Hard of hearing - a pupil with a hearing impairment, whether permanent or fluctuating, which adversely affects his or her educational performance but which is not included under the definition of deaf.

- Deaf - a pupil with a hearing impairment which is so severe that the pupil is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance.

- Autistic - a pupil who manifests a behaviorally defined syndrome which occurs in children of all levels of intelligence. The essential features are typically manifested prior to 30 months of age and include severe disturbances of developmental rates and/or sequences of responses to sensory stimuli, of speech, of language, of cognitive capacities and of the ability to relate to people, events and objects.

- Mentally retarded - a pupil who, concurrent with deficits in adaptive behavior, consistently demonstrates general intellectual functioning that is determined to be 1.5 standard deviations or more below the mean of the general population on the basis of a comprehensive evaluation which includes an individual psychological evaluation.

- Learning disabled - a pupil with a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which manifests itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, neurological impairment, minimal brain dysfunction, dyslexia and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural or economic disadvantage. A child who exhibits a discrepancy of 50 percent or more between expected achievement and actual achievement determined on an individual basis shall be deemed to have a learning disability.

- Emotionally disturbed - a pupil with an inability to learn which cannot be explained by intellectual, sensory or health factors and who exhibits one or more of the following characteristics over a long period of time and to a marked degree:
  (i) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
  (ii) inappropriate types of behavior or feelings under normal circumstances;
  (iii) a generally pervasive mood of unhappiness or depression; or
  (iv) a tendency to develop physical symptoms or fears associated with personal or school problems.

  The term does not include socially maladjusted pupils unless it is determined that they are emotionally disturbed.

- Visually impaired - a pupil with a visual handicap which, even with correction, adversely affects the child's educational performance. The term includes both partially seeing and blind children.

- Orthopedically impaired - a pupil who is physically handicapped and who has a severe orthopedic impairment which adversely affects the child's educational performance. The term includes impairments caused by congenital anomalies (e.g., clubfoot, absence of some member, etc.) impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputation and fractures or burns which cause contractures).

- Other health impaired - a pupil who is physically handicapped and who has limited strength, vitality or alertness due to chronic or acute health problems, including but not limited to a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle-cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes or tourette syndrome, which adversely affect the pupil's educational performance.

- Multiply handicapped - a pupil with two or more handicapping conditions that result in multisensory or motor deficiencies and developmental lags in the cognitive, affective, or psychomotor areas, the combination of which causes educational problems that cannot be accommodated in a special education program solely for one of the impairments.

The above definitions indicate that children with a disorder in the area of speech or language may be classified as either speech impaired or as children with some other handicapping condition which may adversely affect the child's development in the area of speech or language. For example, a child may be found by the Committee on the Handicapped to be hard of hearing to the extent that speech pathology is required to assist the child in the area of speech and language development. In another case, the child may be identified as learning disabled and found by the Committee to require speech and language services, particularly where the learning disability results in a speech or language disorder.

In any case, there are two categories of children who may be eligible for speech pathology as a special education program or service. These are:

- Children who are speech impaired, that is, solely speech impaired or speech impaired in addition to some other handicapping condition, or

- Children with some handicapping condition other than a speech impairment who may benefit from speech pathology as part of their regular or special educational program.

Children whom the Committee on the Handicapped has identified to be in either of the above categories are eligible for special education programs and services, including speech pathology which is to be provided by a teacher of the speech and hearing handicapped.

The Role of the Teacher of the Speech and Hearing Handicapped

Evaluating and determining the handicapping condition of a child with a communication disorder require the involvement of a teacher of the speech and hearing handicapped. While Boards of Education are not required to appoint such teachers to serve on the Committee, they may be appointed in addition to the mandated members. The importance of this consideration is demonstrated by the many references to areas of speech, hearing and language in the various definitions of handicapping conditions. Where such teachers have not been appointed, they may certainly be called upon by the Committee to provide consultation or to perform the necessary speech and language assessments that are called for as part of the comprehensive evaluation. In this light, the following are appropriate and often essential roles for the teacher of the speech and hearing handicapped in the evaluation of children with communication disorders.

- Referring children with communication disorders to the Committee on the Handicapped when it becomes evident upon diagnostic screening or as a result of providing speech and language improvement programs that the child may be educationally handicapped.

- Serving as a member of the evaluation team to carry out speech and language assessments, reporting the findings and making recommendations pertaining to the pupil's speech and language development, handicapping condition and appropriate speech and language programs and services.

- Consulting with and advising other specialists involved in the evaluation of children so that they may be alert to the causes and effects of communication disorders.

- Developing and carrying out a comprehensive plan for the assessment of communication skills and disorders as an integral part of the evaluation process when requested by the Committee on the Handicapped.

- Serving as an appointed member of the Committee on the Handicapped.

- Providing information which may be required to determine appropriate classifications and programs for children with communication disorders.

- Assisting the Committee on the Handicapped with gathering the appropriate information to be included during the Phase I of the Individualized Education Program.

- Assisting the Committee by providing or arranging for the provision of audiological assessments.

- Providing the prescribed services to those children requiring assistance in the areas of speech, language and hearing.

- Assist in the ongoing develcpment of the Individualized Education Program by gathering information to be included during Phase II.

- Providing training and information to members of the Committee on the Handicapped, Boards of Education, classroom teachers and administrators regarding the identification and treatment of children with communication disorders.

Summary

Not all children with communication disorders are handicapped. The evaluations of children who are referred to the Committee must include an individual psychological evaluation, a health examination, a social history and other appropriate educational evaluations to determine the pupil's educational performance and the possible handicapping condition. Such an evaluation should include a comprehensive speech and language component which will not only assist the Committee in determining the pupil's handicapping condition, such as speech impaired, hard of hearing, learning disabled or some other condition or combination of conditions, but also will assist in determining the pupil's speech and language development goals, special services and programs for inclusion in the pupil's individualized education program.

The remainder of this manual focuses upon the provision of programs and services to speech-impaired children and other handicapped children found by a Committee on the Handicapped to be in need of speech pathology as part of their individualized education program.

SERVING THE SPEECH IMPAIRED AND OTHERS REQUIRING SPEECH PATHOLOGY

Once a pupil has been found eligible for speech pathology as a special education program or service, the Committee on the Handicapped must proceed with the development of an individualized education program (IEP). The selection of specific programs and services for purposes of individual or small group instruction must be based upon the levels of educational and instructional needs of the pupil.

Developing Individualized Education Programs

The individualized education program is developed in two stages. The first stage (Phase I of the IEP) is completed by the Committee on the Handicapped prior to the pupil's entrance into special education and reviewed at least annually thereafter; the second stage (Phase II) is based upon Phase I and developed in a follow-up planning conference with the parents and teachers after the child has been placed in a special education program. The following is an outline of the components of the written IEP.

IEP Phase I: Phase I is developed by the Committee with parental involvement to include the:

- Present level of educational performance of the pupil,
- Classification of the pupil's handicapping condition,
- Annual goals for the pupil,
- Special programs and services and the extent of participation in regular education programs,
- Frequency and duration of services and the dates of initiation and review of the IEP,
- Specialized equipment and adaptive devices required by the pupil,
- Alternative testing techniques required
- Recommended placement.

IEP Phase II: Phase II is developed by the pupil's teacher in conference with parents indicating the:

- Short-term objectives for meeting annual goals,
- Objective criteria, evaluation procedures and schedules for determining whether objectives are being achieved.

The following paragraphs provide a discussion of the first four components of Phase I of the IEP which deal with levels of educational performance, classification, selecting annual goals and recommending special education programs and services.

Levels of Educational Performance

The information gathered by the Committee through the process of evaluation may be used to describe the child's full range of educational performance and to determine the mental, physical, emotional and social factors which are contributing to this performance.

The four areas of student performance and development which must be specified on Phase I of the IEP are as follows:

- Academic or educational achievement and learning rate:

  Information on the level of intellectual functioning as well as information on the level and pacing of effective instruction (amount of repetition and reinforcement needed, etc.) In addition, this area would include current functioning levels in all appropriate areas (e.g., basic academic skills, language development, daily living skills).

- Social development:

  Information on student's social interactions as well as adjustment to the environment.

- Physical development:

  Information on student's health, vitality, sensory and motor development, as well as information on size and weight in so far as that might be relevant to placement.

- The management needs of the pupil in the classroom:

  Information as to the amount of adult supervision and support, ranging from minimal to intensive, necessary for the student and others in the program to benefit from instruction. The pupil's management needs may be described according to learning, social and physical behaviors of the pupil as they relate to education. Learning behavior includes not only the rate at which the pupil learns but also how the pupil approaches the learning situation and by which methods the pupil learns more effectively. Social or emotional behaviors such as aggressiveness, withdrawal, self-abuse, depression, fear and other such behaviors also suggest management needs to be addressed as annual goals or accounted for in the selection of a particular program or service. Physical behaviors and characteristics suggest other areas where a pupil may need a specifically designed learning environment or approach to instruction to assist in managing the pupil's experiences in a classroom situation.

The following charts present an expanded description of the areas of educational performance to be considered in describing the child's Level of Performance, outlined in a format which may be used by members of the Committee, both individually and collectively, as they record, review and analyze evaluative information. The recording forms are designed to emphasize that the management needs of the pupil may be determined by the recorded strengths and weaknesses in the skills associated with the other three areas of performance.

LEVELS OF PERFORMANCE

I. Learning Rates and Levels of Educational or Academic Achievement	Skill Area Strengths/Weaknesses	IV. Suggested Management Needs
A. Learning Rate		
1. Intellectual Functioning		
2. Rate of Acquisition of Skills		
3. Rate of Acquisition of Information		
B. Educational or Academic Achievement		
1. Preacademic Skills		
a. Self-Help Skills (Physical)		
b. Mobility and Motor Development		
c. Perceptual Skills		
d. Basic Concepts		
e. Communication Skills		
(1) Mode of Communication		
(2) Receptive Language		
(3) Expressive Language		
(4) Speech		

LEVELS OF PERFORMANCE

I. Learning Rates and Levels of Educational or Academic Achievement	Skill Area Strengths/Weaknesses	IV. Suggested Management Needs
B. 2. Academic Skills		
a. Reading		
(1) Decoding Level (independent instructional)		
(2) Comprehension Level		
b. Written Communication		
(1) Handwriting		
(2) Spelling		
(3) Written Expression		
c. Mathematics		
(1) Conceptual Level		
(2) Computational Level		
d. Other Subject Areas		

LEVELS OF PERFORMANCE

II. Social and Emotional Development	Skill Area Strengths/Weaknesses	IV. Suggested Management Needs
A. Student/Self		
B. Student/Peer Interaction		
C. Student/Teacher		
D. Student/Family		

LEVELS OF PERFORMANCE

III. Level of Physical Development	Skill Area Strengths/Weaknesses	IV. Suggested Management Needs
A. Health		
(1) General State		
(2) Body Development Stature/Weight (below/at/above age level expectations)		
(3) Problems		
B. Vitality		
C. Sensory Development		
(1) Visual Acuity (sight)		
(2) Auditory Acuity (hearing)		
(3) Tactile/Kinesthetic Sensitivity (touch)		
(4) Olfactory Sensitivity (smell)		
(5) Gustatory Sensitivity (taste)		

Information recorded in the manner suggested by the preceding charts or in some other meaningful fashion should allow the Committee on the Handicapped to answer the following questions regarding the child's level of performance in relation to speech and language development. As indicated earlier, the teacher of the speech and hearing handicapped plays a central role in answering these questions for the Committee, either by directly gathering the information or by using information gathered by other persons involved in the evaluation process. Some of the critical questions are:

- Is the child having difficulty comprehending receptive language?
  - Does the child have difficulty understanding age-appropriate vocabulary?
  - Does the student have difficulty understanding sentences when the complexity increases, when phrases are embedded or when the meaning is ambiguous?
  - What are the student's auditory perceptual skills?
  - Does the student understand the meaning implied by word endings?
- How is the child using skills in the area of expressive language?
  - Does the student use sentences in a variety of grammatical forms appropriate for the age level?
  - Does the student use correct noun-verb agreements?
  - Is the student's level of sentence complexity appropriate for the age level?
  - Does the student generate spontaneous phrases and sentences appropriate to the communication setting?
  - Can the student recognize grammatical from nongrammatical sentences within the student's spontaneous speech?
  - Are the student's sentence formats sequenced correctly?
  - Does the student use limited vocabulary?
- What is the intelligibility of the student's speech?
  - Is the student's articulation of sounds and words age-appropriate?
  - Does the student use adequate intonation?

- Does the student use rhythmic patterns in spontaneous speech?
- What is the child's voice quality?

- What is the fluency of the student's speech?
  - Does the student's spontaneous speech consist of repetition of sounds, word, phrases or sentences?
  - Does the student prolong or hesitate on words?
  - Does the student avoid using specific words?

- How do the student's language skills affect the educational performance?
  - Is there a discrepancy between performance and verbal scores on IQ tests, with the performance score significantly higher than verbal?
  - Is there a developmental lag that is measurable in terms of receptive and/or expressive language?
  - Does the student have difficulty receiving, processing and expressing language, associating meanings of words and organizing proper sentences?
  - Is there a discrepancy between oral and written language skills?
  - Does the child exhibit negative and/or inappropriate classroom behaviors due to the speech impairment such as:
    - withdrawal from peer relationships and social interactions,
    - fighting (verbal and/or physical),
    - tantrums,
    - outbursts exhibiting a lack of control,
    - repeated absences and/or avoidance of class during periods when oral communication is required?

Classification of the Pupil's Handicapping Condition

The completed individual evaluation by the Committee on the Handicapped contains a description of the child's levels of performance and learning rate, social development, physical development and management needs of the child in the learning situation. It also contains the information required for an identification of the child's handicapping condition.

As indicated in the preceding pages of this document, a pupil with a communication disorder may be identified as speech impaired, hard of hearing or deaf depending upon the findings of the Committee. It may also be determined that some pupils with communication disorders have other handicapping conditions which are in part characterized by communication disorders in the areas of speech or language, such as learning disabled, autistic or some other condition or combination of conditions. This section of Phase I of the IEP is reserved for the Committee's identification of the specific handicapping condition of the child, which may be:

- Solely speech impaired,
- Speech impaired in addition to having other handicapping conditions,
- A handicapping condition which is partially characterized by a speech or language disorder and requiring speech and language programs and services.

Annual Goals for the Speech Impaired

The annual goals for children who are speech impaired, or for pupils with educational needs which are similar to those of the speech impaired, must be specified in Phase I. They typically call for degrees of improvement in the areas of speech (voice, articulation or fluency) and language (form, content or function) development. Goals in this area may also call for developing the pupil's ability to cope with and compensate for the communication disorder and the ability to use forms of communication other than speaking or hearing (writing, reading, signing, lip reading and others).

Special Education Programs and Services

Speech pathology is an educational program or service for the purpose of preventing, correcting or remediating speech or language disorders. The service includes diagnostic screening, testing and evaluation, consultation, counseling or instruction related to the development of speech and language skills and may be provided in conjunction with general education programs or as a special education related service, resource room program or special class program. A teacher of the speech and hearing handicapped may be the sole provider of the service or, depending upon the nature, severity or complexity of the handicapping condition, teachers of the deaf and hearing impaired or teachers of special education may be involved in providing appropriate language development programs.

Related Services

Related services, including speech pathology, provide the support a handicapped child may need to be successful in an educational program.

Speech pathology, when provided as a related service, may include formal testing and evaluation, counseling to the pupil and the parent, and/or direct instruction for the purpose of correcting or overcoming the speech or language disorder. As a related service, it must be provided by a teacher of the speech and hearing handicapped for a minimum of two, 30-minute periods per week, either in conjunction with a general education program or with other special education resource room or special class programs. The number of pupils in one instructional group shall not exceed five pupils per teacher or specialist.

Children who are found to be speech impaired may require a rather comprehensive program of speech pathology including counseling or medical evaluations in addition to treatment of the speech impairment. For example, the program may include counseling for the pupil or his or her parents on how to cope with the speech or language disorder. Such counseling may be provided by the speech teacher or by some other professional who is certified or otherwise qualified, such as a school psychologist or school social worker. In some cases, additional formal evaluation by a trained audiologist or a physician may be required to provide the school with information needed to develop or maintain a current comprehensive assessment of the pupil's status.

Resource Room Programs

Speech pathology as a resource room program is distinguished from speech pathology as a related service by the focus of the curriculum. Generally speaking, a resource room program is for the purpose of providing supplemental instruction in areas of learning with which a child is having difficulty in the regular or special classroom. For example, a child who is having difficulty in a regular ninth grade science program may require supplemental instruction for some portion of the school week by a teacher who is knowledgeable of the handicapping condition and can provide the special assistance required to overcome the difficulty. If the child's handicapping condition requires speech pathology, a resource room program which includes supplemental help in the course work as an integral part of speech pathology may be appropriate. Speech pathology which is designed to correct or overcome the communication disorder and at the same time reinforces instruction in the child's education program may be offered as a resource room program provided by a teacher of the speech and hearing handicapped.

If a speech-impaired child requires a resource room program such as that described above, it must be provided in accordance with Part 200 of the Regulations of the Commissioner of Education. The child may not be scheduled in the resource room for more than 50 percent of any school day. Also, no more than five children may be receiving instruction as a group from the assigned resource room teacher at any given time. It is also important to note that children who are grouped together for the purpose of receiving speech pathology in a resource room program must have similar instructional needs. They also must have similar management needs to ensure that the individual attention or intervention required by any one member of the group does not inordinately interfere with instruction of others in the group.

The conditions presented above outline some of the standards which schools operating resource rooms for children with handicapping conditions must observe. As long as these standards are maintained, school districts may, depending upon the number of children to be served and the availability of variously certified or qualified special education teachers, use a variety of staffing and student scheduling patterns to provide for the needs of pupils requiring speech pathology and supplemental instruction in a resource room program.

Special Class Programs

Special class programs may be characterized as a special education program for children with handicapping conditions whose educational performance is so adversely affected by their handicapping condition that a highly specialized daily program of instruction or a specially adapted curriculum is required as an alternative to a regular class program. Special classes are designed for those handicapped children who, even with related services or resource room programs, have not or could not achieve satisfactorily in the regular class program of the school. While most special classes are self-contained for a majority of the school day, there is no minimum amount of time that a child may be required to spend in a special class. The amount of time spent each day is determined by the Committee on the Handicapped according to the unique needs of each child; the remainder of each instructional day is for the purpose of receiving any appropriate related support services, supplemental resource room assistance or attending regular class programs for instruction in areas where learning is not so adversely affected by the handicapping condition.

Part 200 of the Regulations of the Commissioner outlines the various options with which school districts operating special classes must comply. The pupils in the class, regardless of their handicapping conditions, must have similar instructional needs as reflected in those portions of their IEP's which describe their levels of educational performance and annual goals.

Any recommendation that a child whose sole handicapping condition is speech impaired be placed in a self-contained classroom for a major portion of each school day, without first weighing the appropriateness of speech pathology as a related service or resource room program, requires very careful consideration by the Committee on the Handicapped. In most instances, speech-impaired children who are found to require special class placement have handicapping conditions other than or in addition to the speech impairment. As an alternative to speech pathology as a special class program, Committees may find it appropriate to place such children under the instruction of some other appropriately certified teacher of special education and to recommend speech pathology services by a teacher of the speech and hearing handicapped in the form of related services or a resource room program. Another alternative approach might be the establishment of interdisciplinary teams of teachers to include teachers of the speech and hearing handicapped. Team teaching approaches are often highly effective means of meeting the multiple needs of children with severe speech and language disorders requiring special class placement.

Summary

Children who are speech impaired or have other handicapping conditions requiring speech pathology as a special education program or service must be provided this service for a minimum of two, 30-minute periods per week. Depending upon the nature and severity of the disorder and its effect upon educational performance, speech pathology services may be provided as related services or resource room programs in conjunction with either a regular or special classroom program. In some instances, such children may require special class placement in order to focus upon their language development needs. In such cases, Committees on the Handicapped must give careful consideration to the nature of the educational program and the involvement of appropriately certified or qualified teachers to serve these children. The special education programs and services, including a description of the appropriate options and the extent of the pupil's involvement in regular education, must be specified in Phase I of the IEP which is developed by the Committee on the Handicapped.

In addition to the four components of Phase I of the IEP as discussed on the preceding pages, the Committee must also specify the specialized or adapted equipment or devices that a speech-impaired child might need to benefit from instruction. Also, any alternative testing techniques which the pupil may require to demonstrate what has been learned must be specified. Finally, the name and location of the educational agency which operates the special programs prescribed for the child must be indicated.

Following the completion of Phase I of the IEP and the approval of the recommended program by the Board of Education and the parents of the child, a copy of Phase I must be forwarded to the teachers and supervisors who are responsible for providing the specified programs and services. These teachers must then develop Phase II of the IEP to include the short-range objectives and evaluation procedures which will characterize the pupil's instructional program during the course of the school year.

FIVE CASE STUDIES

The following five case study summaries are presented to illustrate the spectrum of possible speech and language difficulties within the public schools.

Each case study includes a brief educational background, description of the speech and/or language difficulty, and Committee on the Handicapped recommendations. These recommendations have also been designed to present a continuum of possible educational provisions for students with speech and language difficulties.

When reading the case study summaries, questions or differing opinions on the Committee on the Handicapped's recommendations may arise in the reader's mind. The purpose of the case studies is to present possible alternative programming or combination of programs Committees may find applicable to their districts. The following discussions are intended to provide rationales that were the basis of the Committee on the Handicapped recommendations.

Case Study Summary #1

Name: Eric
Date of Birth: 11/15/77
Date of Report: 10/9/82
Age: 4 years, 11 months

Eric entered elementary school in September as a kindergartener. A screening was administered to all students in the district kindergarten class during the third week of September. The results of this screening indicated that Eric had difficulty in the following areas:

Auditory sequential memory skills - following a three-part direction
Verbal expressive skills - describing common objects
Auditory discrimination skills - difficulty discriminating different word pairs
Articulation skills - difficulty with the s and r sounds
Perceptual - motor skills - difficulty with cutting and tracing
Visual association skills - difficulty matching shapes and letters

As a result of the screening, Eric fell below the district-wide norm and is being referred to the Committee on the Handicapped.

The teacher of the speech and hearing handicapped indicated that Eric's articulation consisted of minor substitution errors such as th/s, w/l and b/v. His sentences consisted of approximately 5-6 words, however, it was somewhat difficult to elicit spontaneous speech. Eric demonstrated difficulty with the correct use of pronouns, noun-verb agreement, irregular verbs and interrogatives. This would indicate expressive language skills below his chronological age, but within normal limits for a child younger than his classmates.

The kindergarten teacher stated that Eric was making good progress within the classroom. He seems to be achieving skills in shape and number identification. He is currently working on tracing his name, coloring, developing matching skills and cutting. The teacher reported that Eric interacts well with his peers, although he is not a highly verbal child. He especially enjoys music and physical education classes. The most recent group test, the Metropolitan Readiness, indicated a low average score.

The Committee on the Handicapped conducted a comprehensive assessment which included a WISC-R, speech and language evaluation, review of the physical exam submitted upon entering school and a social history. The psychologist's report concluded that Eric's full-scale score resulted in an IQ of 106. Areas of strength included subtests on picture arrangement, object assembly, information and similarities. Subtests that were more difficult were block design, coding, vocabulary and digit span. The home is intact with both parents working during the day. The physical exam indicated a healthy, well-developed five year old.

Recommendations of the Committee on the Handicapped:

1. Eric was found to be not handicapped and, therefore, not eligible for special education programs

2. The COH suggested to the building principal that the regular classroom teacher provide for the following as part of Eric's regular program:

   - Training in sound-symbol associations
   - Verbal expressive skill development, encouraging expanded spontaneous conversation and improved sentence formations
   - Work on sounds and letters using a vocal-phonic approach
   - Developing a "buddy system" to assist Eric with difficult directions

3. Periodically reevaluate Eric's speech and language improvement and academic progress.

Case Study Summary Discussion

Eric was referred to the Committee on the Handicapped as mandated by the requirements of Part 117 of the Regulations of the Commissioner in regard to screening procedures. The Committee on the Handicapped (COH) arranged for a comprehensive assessment and, through discussion of the testing results, decided Eric was not eligible for special education programs. However, the COH made several suggestions which will be provided to the building administrator and parents.

The COH in reviewing the evaluation information, found that Eric is making continuous progress within his class. He seems to be relating well to his peers and maintains good physical health. The results of the psychological examination indicate abilities within the normal range. Eric also demonstrates good receptive language skills, although expressive language skills are below age level.

Because Eric is at the younger age range for students entering kindergarten, Eric's difficulties with expressive language skills and on the kindergarten screening could be due to maturational reasons. Reports indicate that improvement in these areas will continue to progress. As the kindergarten year continues, areas of prereading skills, familiarity with school routines, and motor skills will continue to develop. The Committee on the Handicapped has not recommended speech services due to maturational factors and the inclusion of many speech and language skills within the kindergarten curriculum. It was felt that Eric would benefit most from a year of close observation without the intervention of special education services, and that the kindergarten teacher would be able to provide the necessary skill remediation for Eric at this time. However, should the anticipated progress not occur, then Eric could be referred back to the Committee on the Handicapped for reconsideration.

Case Study Summary #2

Name: Lisa Marie
Date of Birth: April 6, 1975
Date of Report: November 12, 1982
Grade: 2
Age: 7 years, 7 months

Lisa Marie is a second grade student. Mrs. Anderson, Lisa's teacher, has referred her to the Committee on the Handicapped as possibly speech impaired, noting difficulty with sounds and organizing thoughts into sentences. Mrs. Anderson reports that Lisa continues to have difficulty in the area of auditory discrimination, auditory memory skills, decoding while reading, and verbal expressive skills. Lisa is reading at a 1.6 grade level and while reading orally demonstrates trouble with the s, l and r sounds. She exhibits a short attention span and, therefore, often fails to follow directions. Lisa enjoys quiet activities and tends to be a follower in a group situation.

During the first grade year Lisa made consistent progress, however, she continued to be about a half a year behind her class in reading and writing skills. The Metropolitan Achievement Test was administered to the first graders and on the basis of this score, Lisa was given remediation in a Chapter I Reading Program. She progressed in the areas of letter identification and vocabulary, but needed continued support in decoding and writing skills.

The Committee on the Handicapped conducted a comprehensive evaluation on October 26-28, 1982. This assessment included administration of the WISC-R, speech and language evaluation, social history and physical exam. The results of the WISC-R indicate a full scale score of 102. A discrepancy between a Verbal Score of 94 and a Performance Score of 110 was indicated. Lisa's subtests indicate lower performance on similarities, arithmetic, and vocabulary. Subtests that indicate areas of strength were coding and picture completion.

The speech and language evaluation confirmed the presence of articulation errors in words and spontaneous speech. These errors include omission of s in st and sk blends and at the end of words during spontaneous speech.

A social history indicated that Lisa is one of four children. She has two older brothers ages 12 and 10 and one younger brother age 4. The family has recently gone through a difficult financial situation with the father being unemployed for an extended period. Her father has recently gained employment as a production worker at a local can company, and her mother has remained working in a part-time position at a department store.

Lisa's physician indicated that she is a physically well-developed and healthy child. He did recommend a vision examination in the near future.

Recommendations of the Committee on the Handicapped:

1. Lisa Marie is not handicapped and, therefore, not eligible for special education classes.

2. It is the Committee's suggestion that Lisa participate in speech improvement classes two times a week for 15 minutes in a group of five students and continue with Chapter I Reading classes, three times a week as part of her regular education program.

Case Study Summary Discussion

The Committee on the Handicapped has recommended noneligibility for speech services as a speech-impaired student. However, the Committee did suggest participation in a program combining speech improvement classes with a Title I Reading program. The dual programming in this district has been successful in providing language and reading skills in conjunction with one another. This type of programming allows daily remediation in the least restrictive environment. The teacher of the speech and hearing handicapped, in cooperation with the reading teacher, provides speech improvement services through the framework of regular education.

Lisa Marie's primary deficits lie within the auditory modality. This modality is especially important in the school environment for acquisition of skills in reading, language comprehension and the learning processes. The Committee on the Handicapped felt that the most advantageous program would be instruction by a reading teacher and teacher of the speech and hearing handicapped to address the needs of Lisa Marie in auditory skills as they relate to language, reading and academic skills. The COH also felt that articulation difficulties would improve within the auditory training instruction provided in these classes.

The Committee decided that classification as speech impaired was not appropriate at this time. An IQ score within the normal range, a six-month academic lag and report of continuous progress indicated to the COH that Lisa Marie's needs could be met without provision of special educational services.

Case Study Summary #3

Name: Kathy
Date of Birth: May 15, 1969
Date of Report: October 3, 1982
Age: 13 years, 5 months

Kathy is a 13 year old attractive "blonde hair, blue-eyed" pupil who attends the middle school. She is described by her classroom teacher as a shy, very bright introvert-type who would rather read a good book than attend a party. She has one close girlfriend with whom she socializes but generally she does not participate in school activities. The counselor describes her as an isolate. She functions academically at the top 1% of her class. Since kindergarten she has had a history of referrals for special speech instruction for stuttering.

As a result of kindergarten screening, this pupil was identified by the teacher of the speech and hearing handicapped as needing supportive speech sessions. Eight years ago, the first intervention strategies were reported. Kathy was seen by the speech/language teacher once a week in a group of four children. One other student in the group was working on fluency problems (stuttering) but the other two children exhibited articulation problems. Reportedly, this was the only way the teacher of the speech and hearing handicapped could fit her into the speech caseload. By third grade Kathy's fluency problem had become very obvious and many extraneous behaviors were appearing as she attempted to avoid speaking situations and feared talking. The stuttering progressed. Kathy would blink her eyes, snap her fingers, twitch her chin as she tried to think of other words and phrases she could say easily. It was a way of dealing with her speech problems. The 30-minute, once a week session provided by the teacher of the speech and hearing handicapped made little, if any, impact.

In 1979, Kathy's mother learned about the new laws regarding handicapped children and referred the child to the COH. The stuttering had worsened and the mother believed her child exhibited a handicapping condition. The Committee offered Kathy two, 30-minute sessions grouped with another stutterer at that time, but did not classify her as handicapped.

Kathy is now an adolescent and enrolled at the middle school. Her mother, has re-referred her to the COH. She says that Kathy cries at home and feigns illness to avoid classes where the teacher requires oral answers and extempore reports. It is a very unpleasant situation and the mother feels more must be done to assure that Kathy's problem is corrected.

Recommendations of the Committee on the Handicapped:

The COH recommended that Kathy be identified as speech impaired and be provided the following program as documented on the Phase I IEP:

1. Individual speech sessions, four times a week in 30-minute sessions provided by the teacher of the speech and hearing handicapped.

2. One 45-minute session per week of counseling provided by the teacher of the speech and hearing handicapped.

The COH enumerated that the following goals be incorporated into Kathy's speech and language program:

- To become more involved in social situations
- To participate in classroom activities
- To eliminate extraneous behaviors used to avoid stuttering
- To achieve fluency in conversational speech
- To speak easily in a conversation with peers and teachers within the public school environment
- To modify feelings about speech competency in social situations.

Case Study Summary Discussion

The Committee on the Handicapped has recommended classification as speech impaired, with speech therapy four times a week in 30-minute sessions and one 45-minute period of counseling provided by the teacher of the speech and hearing handicapped. It was felt that Kathy's stuttering adversely affected her educational performance by avoidance of oral responses, and minimal participation in school activities. The stuttering behaviors have also increased in severity with associated secondary symptoms being observed. The COH felt that Kathy's difficulty indicated the need for intensive individual therapy.

The Committee also recommended counseling by the teacher of the speech and hearing handicapped to assist Kathy with the emotional overlays of situations that arise through school activities. It was suggested that the speech pathologist explore alternative methods of assessing Kathy's knowledge in order to decrease the requirement for oral responses during class and work in conjunction with the guidance department to achieve communication with the total staff.

Case Study Summary #4

Name: Terry
Date of Birth: June 9, 1966
Date of Report: June 12, 1982
Age: 16 years

Terry will be entering a secondary education special class at the high school in September. He has been classified as mentally retarded since 1972 when he first entered school at age 6. In 1976, for the first time, he was formally reviewed by the district COH and placed in a special class for the trainable mentally retarded. He has been receiving speech and language services in a group of five pupils for 30-minute periods five times a week due to concomitant speech and language delay.

The school psychologist has established Terry's mental age at 6.2. The teacher of the speech and hearing handicapped has assessed his expressive language level at 5.6 and his overall receptive language level at 5.8. Generally speaking, his greatest problem at this time is articulation. His severe impairment causes him to be about 80% unintelligible. The teacher of the speech and hearing handicapped has concentrated on language development for the past four years in speech sessions. His educational program has been carefully coordinated with speech/language development. He reads at the 1.2 level with comprehension reflecting the grade equivalent appropriate to his mental age. His math concepts are not as advanced. He can write numbers up to 25, count orally to 30 and add numbers up to 10. He has difficulty with subtraction.

He exhibits independent dressing and toileting skills and shows good control of his impulses. His adaptation in school is excellent. He follows directions and is generally cooperative. He loses patience with people who do not understand him.

Recommendation of the Committee on the Handicapped:

1. Two, 30-minute periods per week of articulation therapy provided by the teacher of the speech and hearing handicapped.

2. Teaching assistant to provide carry-over skills on the remaining three days within the special class program.

Case Study Summary Discussion

The Committee on the Handicapped has recommended speech therapy two times a week, in a group of two for intensive articulation therapy. A teaching assistant would provide carryover work in his special class on the remaining three days.

The Committee discussed the issue of Terry's language skills being appropriate for his expected level of achievement in relationship to his mental age. The priority at this time was determined to be skills needed to attain progress in the area of intelligibility. The COH decided that a more intensive group situation during two, 30-minute periods would accomplish the goals of articulation therapy. Many repetitions of activities are needed for articulation therapy to be successful. It was felt that this could be accomplished most effectively through a teaching assistant working under the supervision of a teacher of the speech and hearing handicapped. Language skills at the appropriate level are expected to be attained through the speech education language arts curriculum.

Case Study Summary #5

Name: Reuben
Date of Birth: May 1, 1965
Date of Report: October 12, 1981
Age: 16 years, 5 months

Reuben is congenitally deaf. He attended regular school with no special help from age 6 until 10 when his family moved to New York State. He was not given the benefit of early intervention or preschool classes. His language, reading and mathematics skills were found to be seriously delayed in spite of the fact the boy tested within the average range of intellectual ability. His communication was totally manual. His attempts at oral communciation are 95 to 100% unintelligible.

After the family established residence here, his parents requested an appointment for Reuben at the State School for the Deaf. The boy was enrolled there for 6 years. In the fall of 1981, his father joined an advocacy organization that convinced him that Reuben would generally be more cooperative and motivated to learn if he lived at home and attended school. Because his parents did not like Reuben's separation from the family, they referred their son to the COH for review and planned for his return from the State School. The following is a summary of reports from the State School:

Wechsler Intelligence Scale for Children
Performance Score administered on 11/14/80 - 97

Leiter International Performance Scale
Administered on 9/11/76 - 88

Metropolitan Reading - Grade 1.9 Equivalent

Stanford Mathematics, Grade 3.8 Equivalent

Reuben's academic skills are poor. His reading level is at a grade 1.9 equivalent on the Metropolitan Achievement Test, his mathematics level on the Stanford Achievement Test is grade equivalent 3.8. Lipreading skills are non-existent since he has little word association sense and relies totally on signs.

Recommendations of the Committee on the Handicapped:

1. Placement in the high school resource room for two hours daily with instruction provided by an itinerant teacher of the deaf.

2. Services provided by the teacher of the speech and hearing handicapped, four periods a week, for assistance with oral communication skills, training with FM amplification system for Reuben, and staff and support therapy for resource room goals.

3. Mainstreamed into physical education, remedial reading, and science.

4. Counseling for one period a week from his guidance counselor in order to establish vocational goals and coordinate evaluations to determine vocational goals.

5. FM amplification system.

Case Study Summary Discussion

The Committee on the Handicapped recommended a resource room placement with instruction from an itinerant teacher of the deaf, due to Reuben's average intellectual abilities yet limited academic skills. Upon its annual review, the Committee felt that Reuben may be able to achieve the minimum competencies necessary to obtain a diploma. The COH's basis for this opinion was that Rueben has four remaining years to accomplish this goal and the indications of average abilities in order to do so.

Instruction within the resource room program is designed to emphasize skills in the basic competency areas, language and communication skills. The teacher of the deaf will have the primary responsibility of providing a program to attain these goals. A teacher with this certification would be necessary to adequately provide the level of services required.

The Committee on the Handicapped recommended additional services provided by the teacher of the speech and hearing handicapped. It determined this service as necessary in order to provide follow-up therapy to the resource room, training on the use of a FM amplification system, and training in oral communication skills.

Additional counseling is to be provided by Reuben's guidance counselor in order to coordinate and plan for vocational training and the adjustment to the high school setting.

In order to further support Reuben in the total school program, the COH recommended the provision of an FM amplification system. The system the COH anticipates purchasing would allow for portable use within all classes. Training on the use of the system would be provided to Reuben and his teachers.

CONCLUDING STATEMENT

The preceding case studies demonstrate the possible range of services to provide instruction to students with needs in the speech, language and hearing areas. The Committee on the Handicapped, with the input from teachers' of the speech and hearing handicapped, has the responsibility of exploring all possible combinations of services to meet the needs of such students. It is through the creative combination of existing programs and provisions of special education that the students' needs in the speech, language and hearing areas will be met most successfully.

Further information in regard to serving the speech impaired in New York State may be obtained by contacting:

New York State Education Department
Office for Education of Children with Handicapping Conditions
Division of Program Development
Room 1071, Education Building
Albany, NY 12234
(518) 474-8917 or 2251

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